

Pro Se 14 (GAS Rev. 12/17) Amended Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

U.S. District of Oregon

____ Division

Earnest J. Dampier

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Multnomah County Sheriff's
Office; see attached

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

3:21-CV-00135-AA

(to be filled in by the Clerk's Office)

AMENDED COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your amended complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Defendant No. 2

Officer Richardson
shield number 60015
Multnomah County Inverness Jail
11540 NE Inverness Dr.
Portland, OR 97220

Defendant No. 3

Seargent Brown
unknown shield number
Multnomah County Inverness Jail
11540 NE Inverness Dr.
Portland, OR 97220

Defendant No. 4

Eddie Cline
Kitchen staff
Multnomah County Inverness Jail
11540 NE Inverness Dr.
Portland, OR 97220

I. The Parties to This Amended Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the amended complaint. Attach additional pages if needed.

Name

Earnest J. Dampier

All other names by which
you have been known:

ID Number

689736

Current Institution

Multnomah County Inverness Jail

Address

11540 NE Inverness Dr.

Portland

OR

97220

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the amended complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this amended complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Multnomah County Sheriff's Office

Job or Title (*if known*)

Shield Number

Employer

Address

12240 NE Glisan St

Portland

OR

97230

City

State

Zip Code

☐ Individual capacity☒ Official capacity

Defendant No. 2

Name

Officer Richardson

Job or Title (*if known*)

unknown

Shield Number

60015

Employer

Multnomah County Inverness Jail

Address

11540 NE Inverness Dr.

Portland

OR

97220

City

State

Zip Code

☐ Individual capacity☒ Official capacity

Pro Se 14 (GAS Rev. 12/17) Amended Complaint for Violation of Civil Rights (Prisoner)

Defendant No. 3

Name

Sat. Brown

Job or Title (if known)

Sergeant

Shield Number

unknown

Employer

Multnomah County Inverness Jail

Address

11540 NE Inverness Dr.

Portland

City

OR

State

97220

Zip Code

☐ Individual capacity
 ☒ Official capacity

Defendant No. 4

Name

Eddie Clime

Job or Title (if known)

Kitchen staff

Shield Number

Employer

Multnomah County Inverness Jail

Address

11540 NE Inverness Dr.

Portland

City

OR

State

97220

Zip Code

☐ Individual capacity
 ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Officials of Inverness Jail violated the 8th Amendment right by denying adequate medical (dental) care while I was incarcerated.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

All defendants are officials of Multnomah County Inverness Jail and were acting under lawful authority during the events that arose in this case.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

The events in this claim arose in Multnomah County Inverness Jail, Dorm 13 on May 10th 2020 at approximately 11:55am during inmate lunch time.

- C. What date and approximate time did the events giving rise to your claim(s) occur?

See attached

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See attached

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

two broken molars (#15 and 16), irreversible pulpitis, symptomatic apical periodontitis, pulpal necrosis, partial removal and troughing of the buccal jaw bone, both non-restorable teeth, both teeth extracted

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I am seeking monetary compensation in the amount of \$50,000.00 for my pain and suffering, permanent injury of the loss of two teeth and partial jaw bone, and for the overall disregard for my health given the risk of infection that prolonging treatment creates.

IV, c

May 10th at approximately 11:55am
Bit a rock that was concealed inside
jail food. Resulted in broken teeth.

May 10th at approximately 12:00pm
reported incident to unknown officer
on duty.

May 10th at approximately 12:15pm
Requested Medical/Dental

May 10th at 5:46pm
Submitted grievance form to
Officer Richardson

May 10th at 6:30pm
Grievance form was forwarded to
Sgt Brown

May 10th at 10pm
Grievance form forwarded to
Kitchen staff.

IV. c continued

unknown date (May 10th?)

Dental appointment scheduled for
May 21st 2020

May 13th (no stated time)

Grievance was considered resolved
including resolution statement by
Eddie Cline.

May (12-14th?) actual date unknown

Requested medical again.

Requested to be seen sooner than
May 21st 2020.

May 15th (no stated time)

Request to have dental exam
sooner was denied by the Medical
dept.

May 21st at 12:00 pm

Had exam and extraction of teeth
and jaw bone

IV. D

On May 10th at about 11:55am when I took a bite of food that was on my lunch tray, I bit into something very hard. I heard my teeth crack and felt the crumbles in my mouth. I was in severe pain immediately. Daniel Clark (another inmate) witnessed the incident. He was sitting right next to me when I bit the rock. He also seen the rock when I removed it from my mouth.

I immediately reported the incident to the officer on duty. I also requested medical/dental right after that.

Medical was scheduled 11 days away on May 21st 2020.

After about 3-4 days of pain^{swelling} and difficulty eating, I requested medical again asking to be seen sooner. My teeth continued to crumble.

On May 15th I recieved a letter back from medical denying my request for an earlier appointment due to "Covid" and having "limited dental appointments"

On May 21st I was seen by Daniel Skourtes DMD. I had x-rays and exam. It was determined by Dr. Skourtes that molar number 15 and 16 were both broken.

IV.D continued

He diagnosed irreversible pulpitis, symptomatic apical periodontitis, pulpal necrosis. I had to have a portion of the buccal jaw bone removed/troughed. Both teeth were deemed non-restorable and needed to be extracted.

The delay in exam and treatment by the disregard of ~~the~~ my serious medical needs by the officers involved resulted in excessive, unnecessary pain and suffering. The delay in treatment jeopardized my health with the risk of infection, further worsened my injury and resulted in the permanent loss of two molars which could have possibly been prevented had treatment been provided sooner.

All the staff involved knew about the incident and were aware of the seriousness of a broken tooth, yet no one took appropriate action to ensure I was treated sooner. The jail staff all knew that I was in pain because it was mentioned in the grievance they all ~~received~~ received and signed. Jail staff disregarded my serious medical need and failed to take reasonable measures to address this serious medical need.

The grievance was disregarded by all it was forwarded to besides Eddie Cline who's only resolution was, "I need to check

IV. D continued

a couple things" This statement does not demonstrate resolution. The request to see dental sooner than the 11 day wait period were all ignored.

Due to the failure to treat my injury in the time that is recommended by dental professionals, I endured unnecessary pain, swelling, difficulty eating and the permanent loss of two teeth and partial jaw bone.

Its possible some of this could have been prevented if dental care was given sooner.

The pain and suffering didn't have to go on as long as it did

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Multnomah County Inverness Jail

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this amended complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this amended complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Multnomah County Inverness Jail - Dorm 13

2. What did you claim in your grievance?

See attached copy of grievance form

3. What was the result, if any?

Grievance was considered resolved by Eddie Cline on 5/13/20. He resolved the case by commenting, "I need to check a couple of things..."

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

The grievance process was completed by Eddie Cline and at that point was named resolved.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this amended complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Pro Se 14 (GAS Rev. 12/17) Amended Complaint for Violation of Civil Rights (Prisoner)

☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this amended complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

April 23, 2021

Signature of Plaintiff

Earnest J. Dampier

Printed Name of Plaintiff

Earnest J. Dampier

Prison Identification #

689736

Prison Address

11540 NE Inverness Dr.Portland

City

OR

State

97220

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

MULTNOMAH COUNTY INMATE GRIEVANCE FORM Grievance DB# _____

Date: 5/10/20	INMATE NAME: Dampier		Last		First		Middle	
SWIS #: 699736								
Room/Bunk# 13-1	Facility:	<input type="checkbox"/> MCDC	<input checked="" type="checkbox"/> MCIJ	<input type="checkbox"/> MCCF	<input type="checkbox"/> MCHJ	<input type="checkbox"/> MWRC	<input type="checkbox"/> MWCF	

→ **DISCIPLINARY PROCESS IS NOT GRIEVABLE** ←

See the Inmate Manual for Grievance Process. There will be a fee charged for each grievance or appeal filed. If you do not have money, a debit will be charged against your inmate account and deducted when you have money. This fee may be waived under limited circumstances.

COMPLAINT: Today around (11:55am) I was eating lunch and as I started with the main course, I hit into a ^{metal} rock causing a portion of one of my molds to chip off, and cause me alot of pain. I'm not sure who did this, but the inmates shouldn't be allowed to touch our food, now I'm scared of eating a tray again, because I don't want to bite into another rock.

Inmate's Signature: Vincent A. Dampier

→ **PLEASE REFER TO THE INMATE MANUAL PAGE 10 FOR THE APPEAL PROCESS** ←

☐ I wish to appeal the grievance I submitted on ___/___/___ given to _____ and resolved by _____ on ___/___/___ Regarding _____ Grievance DB# _____

INMATES DO NOT WRITE BELOW THE DOTTED LINE

Received By Staff Signature: Richardson	Date: 5/10/20
Received By Staff Name (Printed)/DPSST#: Richardson 60015	Time: 17:40

Forwarded to Dept/Person: Sgt. Brown	Date/Time: 5/10/20 18:30
--------------------------------------	--------------------------

Resolved By Staff Signature:	Date:
Resolved By Staff Name (Printed)/DPSST#:	Time:
Resolution Statement:	<input type="checkbox"/> Fee Charged : \$ _____
	<input type="checkbox"/> Fee Waived

DISTRIBUTION:

Upon Submittal Give Back Copy To Inmate. Upon Resolution: Original - Inmate Classification File; Photocopy - Inmate, Facility file, Dept file

Date: 5/10/20	INMATE NAME:		Dampier			Earnest		Juna	
SWIS #: 689736			East			First		Middle	
Room/Bunk# 13-1	Facility:	<input type="checkbox"/> MCDC	<input checked="" type="checkbox"/> MCIJ	<input type="checkbox"/> MCCF	<input type="checkbox"/> MCHJ	<input type="checkbox"/> MWRC	<input type="checkbox"/> MWCF		

→ DISCIPLINARY PROCESS IS NOT GRIEVABLE ←

See the Inmate Manual for Grievance Process. There will be a fee charged for each grievance or appeal filed. If you do not have money, a debit will be charged against your inmate account and deducted when you have money. This fee may be waived under limited circumstances.

COMPLAINT: Today around (11:55am) I was eating lunch and as I started with the main course, I bit into a ~~some type~~ rock causing a portion of one of my molars to chip off, and cause me alot of pain, I'm not sure who did this, but the inmates shouldn't be allowed to cook our food, now I'm scared of eating a tray again, because I don't want to bite into another rock.

Inmate's Signature: Harold A. Wampier


➔ PLEASE REFER TO THE INMATE MANUAL PAGE 10 FOR THE APPEAL PROCESS ➔

☐ I wish to appeal the grievance I submitted on ___/___/___ given to _____ and resolved by _____ on ___/___/_____. Regarding _____ Grievance DB# _____.

INMATES DO NOT WRITE BELOW THE DOTTED LINE

Received By Staff Signature: <i>Richardson</i>	Date: <i>5/10/20</i>
Received By Staff Name (Printed)/DPSST#: <i>Richardson 60015</i>	Time: <i>17:46</i>

Forwarded to Dept/Person: <u>KITCHEN</u>	Date/Time: <u>5/10/20 2200</u>
--	--------------------------------

Resolved By Staff Signature: 	Date: 5/13/20
Resolved By Staff Name (Printed)/DPSST#: E. L. C. L. M. M.	Time:
Resolution Statement:	<input type="checkbox"/> Fee Charged : \$ _____ <input type="checkbox"/> Fee Waived

I need to check a couple of things.
Did you notify the deputy when this occurred
and who was it and have you contacted
medical yet?

DISTRIBUTION:

Upon Submittal Give Back Copy To Inmate. ***Upon Resolution:*** Original - Inmate Classification File; Photocopy - Inmate, Facility file, Dept file

Date: <u>5/10/20</u>	INMATE NAME: <u>Dampier</u>		<u>Earnest</u>		<u>Jana</u>	
SWIS #: <u>689736</u>			East	First	Middle	
Room/Bunk# <u>13-1</u>	Facility:	<input type="checkbox"/> MCDC	<input checked="" type="checkbox"/> MCIJ	<input type="checkbox"/> MCCF	<input type="checkbox"/> MCHJ	<input type="checkbox"/> MWRC
					<input type="checkbox"/> MWCF	

→ DISCIPLINARY PROCESS IS NOT GRIEVABLE ←

See the Inmate Manual for Grievance Process. There will be a fee charged for each grievance or appeal filed. If you do not have money, a debit will be charged against your inmate account and deducted when you have money. This fee may be waived under limited circumstances.

COMPLAINT: Today around (11:55am) I was eating lunch and as I started with the main course, I bit into a ~~some type~~ rock causing a portion of one of my molars to chip off, and cause me alot of pain. I'm not sure who did this, but the inmates shouldn't be allowed to cook our food, now I'm scared of eating a tray again, because I don't want to bite into another rock.

Inmate's Signature: Earnest A. Dampier

→ PLEASE REFER TO THE INMATE MANUAL PAGE 10 FOR THE APPEAL PROCESS ←

☐ I wish to appeal the grievance I submitted on / / given to and resolved by on / / Regarding Grievance DB#

INMATES DO NOT WRITE BELOW THE DOTTED LINE

Received By Staff Signature: <u>Richardson</u>	Date: <u>5/10/20</u>
Received By Staff Name (Printed)/DPSST#: <u>Richardson 60015</u>	Time: <u>17:46</u>

Forwarded to Dept/Person: <u>KITCHEN</u>	Date/Time: <u>5/10/20 2200</u>
--	--------------------------------

Resolved By Staff Signature:	Date:
Resolved By Staff Name (Printed)/DPSST#:	Time:
Resolution Statement:	<input type="checkbox"/> Fee Charged : \$ <u> </u>
	<input type="checkbox"/> Fee Waived

DISTRIBUTION:

Upon Submittal Give Back Copy To Inmate. Upon Resolution: Original - Inmate Classification File; Photocopy - Inmate, Facility file, Dept file



5/15/2020

Earnest Dampier

eSWIS: 689736

13-1

We received your Medical Request Form to have your dental appointment scheduled sooner. We do not have any earlier dental appointments. The COVID-19 pandemic we have limited dental appointments.

Thank You
Medical



Health Department

MC MEDICAL RECORDS
619 NW 6TH AVE
PORTLAND OR 97209-3964

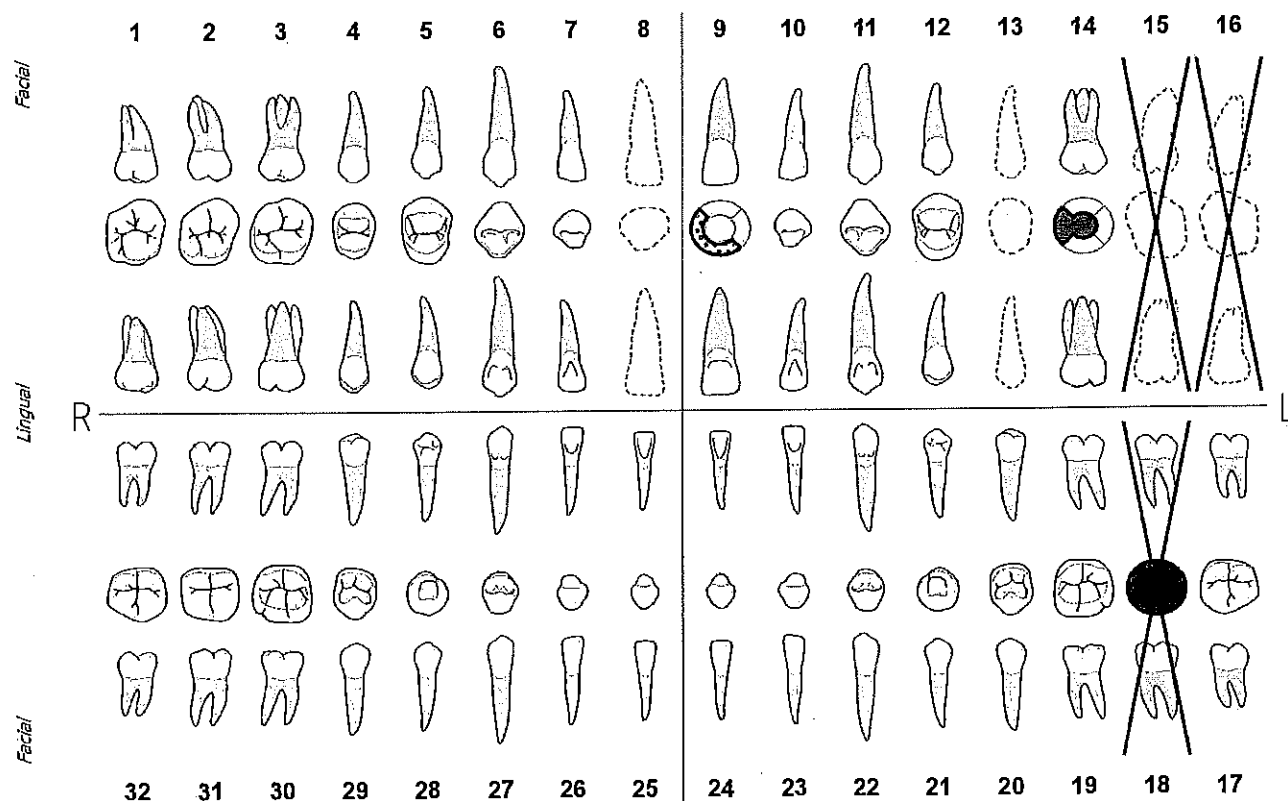
Dampier, Earnest
MRN: 4062101, DOB: 6/8/1984, Sex: M

Patient Demographics

Patient Name	MRN	Legal Sex	DOB	Address	Phone
Dampier, Earnest	4062101	Male	6/8/1984	Unknown PORTLAND OR 97203	503-839-6133 (Home) 503-284-6133 (Mobile)

Tooth Chart

Last edited on 5/21/2020 by Daniel Skourtes, DMD



Additional Details

Tooth 8 - Missing

Tooth 13 - Missing

Tooth 15 - Missing

Tooth 16 - Missing

Probing Depths

There are no periodontal readings for this patient.

Planned Treatments as of 4/19/2021

There are no planned treatments.

Draft Treatments as of 4/19/2021



MC MEDICAL RECORDS
619 NW 6TH AVE
PORTLAND OR 97209-3964

Dampier, Earnest
MRN: 4062101, DOB: 6/8/1984, Sex: M

Health Department

Draft Treatments as of 4/19/2021 (continued)

There are no draft treatments.

Procedures

There are no additional procedures.

Completed Treatments since 3/20/2021

There are no completed treatments.

Notes

Patient Demographics

Patient Name	MRN	Legal Sex	DOB	Address	Phone
Dampier, Earnest	406210	Sex	6/8/198	Unknown	503-839-6133 (Home)
	1	Male	4	PORTLAND OR 97203	503-284-6133 (Mobile)

Encounter Information

	Provider	Department	Encounter #	Center
5/21/2020 10:41 AM	Daniel Skourtes, DMD	Mc Inverness Dental	413151541	MC CORRECTIO

Progress Notes by Daniel Skourtes, DMD at 5/21/2020 10:44 AM

Author: Daniel Skourtes, DMD	Service: —	Author Type: Dentist
Filed: 5/21/2020 12:03 PM	Encounter Date: 5/21/2020	Status: Signed
Editor: Daniel Skourtes, DMD (Dentist)		

Dental Pain (UL 15 retained root tips, 16 extensive caries, no swelling or inflammation.)

Vitals:

	05/21/20 1041	05/21/20 1148
BP:	138/88	150/89
Pulse:	66	65
PainSc:	8/10	

DA Lim Exam

Instrument Sterilization Verified: Yes

X-Rays Taken: 2 BW, PA

The area of concern is: Upper Left

Duration of concern: more than 1 month

Surgical Extraction

Instrument Sterilization Verified: Yes

Indicate tooth/teeth: 15, 16

Oral Surgery procedure: Surgical extraction

Diagnosis: irreversible pulpitis, symptomatic apical periodontitis, non-restorable, pulpal necrosis

PARQ: Yes - Patient Guardian confirms informed consent using PARQ

Consent form signed?: Yes

Time Out Completed: Yes

Topical anesthetic used: Benzocaine 20%

Local anesthetic administered: Lidocaine 2% w/Epi 1:100,000

Whole number of carpules injected: 2

Fraction of whole carpules injected: .00

Printed at Multnomah County Health Department [503-988-3674]



MC MEDICAL RECORDS
619 NW 6TH AVE
PORTLAND OR 97209-3964

Dampier, Earnest
MRN: 4062101, DOB: 6/8/1984, Sex: M

Health Department

Progress Notes by Daniel Skourtes, DMD at 5/21/2020 10:44 AM (continued)

Surgical Flap procedure: none/Does not apply
Handpiece used? For?: yes, bone removed/troughed, buccal
Was the tooth completely removed?: Yes
Was the socket curetted?: Yes
Was irrigation used?: saline and/or water
Was packing material used?: none
Sutures used: no
Was gauze placed?: Yes
Was hemostasis achieved?: Yes
Were post-op instructions given: Instructions given BOTH verbally and written
Is there damage to adjacent teeth or tissues?: no
Patient dismissal condition: All Apply: Patient tolerated well, left in good condition, and POI given
Post Op Pain Management Addressed: Current Meds provide adequate relief
Ohi, nut couns, tob couns.
Present for this, encounter is:: EFDA

Electronically signed by Daniel Skourtes, DMD at 5/21/2020 12:03 PM

END OF REPORT
